

PART B - FEE(S) TRANSMITTAL

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23432 7590 10/06/2010

COOPER & DUNHAM, LLP
 30 Rockefeller Plaza
 20th Floor
 NEW YORK, NY 10112

01/10/2011 EEKUBAY2 00000090 10566666

01 FC:1501 1510.00 OP
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| | |
|--------------------|--------------------|
| Paul Teng | (Depositor's name) |
| <i>[Signature]</i> | (Signature) |
| January 6, 2011 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
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|------------|------------|-------------------|------------|------|
| 10/566,666 | 01/27/2006 | Takashi Shirahata | 1141/75776 | 5938 |
|------------|------------|-------------------|------------|------|

TITLE OF INVENTION: MEDICAL IMAGE DIAGNOSIS SUPPORT DEVICE AND METHOD FOR CALCULATING DEGREE OF DEFORMATION FROM NORMAL SHAPES OF ORGAN REGIONS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 01/06/2011 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| CONWAY, THOMAS A | 2624 | 382-128000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 COOPER & DUNHAM LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HITACHI MEDICAL CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies _____

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Paul Teng*

Date January 6, 2011

Typed or printed name Paul Teng

Registration No. 40,837

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